



Please Print or Type All Information – Or You May Fill Out On-Line and Print for Signatures
ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

VOLUNTARY CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM Examination Registration

1. All questions and requested information must be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you provide will be used to admit you into the CASp examination.
2. Your completed registration form and other information submitted to the Program administering the examination becomes confidential information and the property of the State of California as provided in Government Code Section 18934. This form will **not be returned**; therefore, we recommend that you keep a copy of your completed registration form and other information for your personal records.
3. After payment and registration have been processed a confirmation notice will be e-mailed to you, or mailed if you do not have an e-mail address.
4. **CANDIDATES WITH DISABILITIES OR SPECIAL REQUESTS:** If you have a disability or special need that restricts your ability to take this exam under standard conditions you may request special testing arrangements. The request must accompany this registration. Clarification of both the disability and the need for special accommodations by a licensed medical doctor is required. **For inquiries regarding the accommodation process, please contact 916-445-8100 or 916-323-2737 or email CASprogram@dgs.ca.gov at least two weeks prior to the deadline of the examination registration.**
5. Test date is listed at <http://www.dgs.ca.gov/dsa/Programs/programCert/casp.aspx>.
6. The non-refundable Candidate Examination Fee is \$800.00.
7. Mail the completed form along with the candidate examination fee to:

Division of the State Architect
CASp Program
1102 Q Street, Suite 5100
Sacramento, CA 95811.
Attention: CASp Program

Any questions or concerns please call (916) 445-8100 or (916) 323-2737 or email CASprogram@dgs.ca.gov

VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM
CASp Examination Registration

PRINT OR TYPE:

Circle/Check One:	Mr.	Ms.	Mrs.	Dr.
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Last Name:	First Name:	Middle Initial:
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Working Title: _____

Street Address: _____

City:	State:	Zip:
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County: _____

Primary Phone: ()	Alternate Phone: ()
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Email: _____

Business/Organization Name: _____

ANSWER THE FOLLOWING QUESTIONS:

The following are exam locations and dates, please state your preference:

Northern CA – Sunrise Event Center, 11167 Trade Center Drive, Rancho Cordova, CA 95670
Southern CA – Hawthorne Memorial Center, 3901 W. El Segundo Blvd, Hawthorne, CA 90250

1. Exam location preference:
 Northern California
 Southern California

2. Exam date preference:
 February 13, 2013
 October 16, 2013

Exam session is 2.5 hours in length:

3. Do you need reasonable accommodation to take the written examination?
 Yes
 No

If yes, to request an accommodation, review and complete the forms listed below:

- [Questionnaire for Candidates Requesting Test Accommodations](#)
- [Requesting Special Accommodations](#)
- [ADA Test Accommodations Guidelines](#)

Verification of the disability and need for special accommodations must be submitted by a licensed medical doctor. If the request is limited to wheelchair access or sitting in the front of the room, professional verification is not required.

VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM
CASp Examination Registration

Candidate's Last Name:

First Name:

I certify under penalty of perjury under the laws of the State of California that I am the person indicated above, that I have read and understood this registration form, and the information I have entered on this registration form is true and complete to the best of my knowledge. I acknowledge that any false, incomplete, or incorrect statements may result in my disqualification from the examination process.

CANDIDATE SIGNATURE

DATE SIGNED